

Fill in this information to identify your case:

United States Bankruptcy Court for the:

MIDDLE DISTRICT OF PENNSYLVANIA

Case number (if known)

Chapter you are filing under:

☒ Chapter 7

☐ Chapter 11

☐ Chapter 12

☐ Chapter 13

☐ Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

06/24

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint* case—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

About Debtor 1:

About Debtor 2 (Spouse Only in a Joint Case):

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Kaylee

First name

N.

Middle name

Bring your picture identification to your meeting with the trustee.

Houser

Last name and Suffix (Sr., Jr., II, III)

First name

Middle name

Last name and Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names and any assumed, trade names and *doing business as* names.

Do NOT list the name of any separate legal entity such as a corporation, partnership, or LLC that is not filing this petition.

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx-xx-8541

Debtor 1 Kaylee N. Houser

Case number (if known) _____

About Debtor 1:

About Debtor 2 (Spouse Only in a Joint Case):

4. Your Employer
Identification Number
(EIN), if any.

EIN

EIN

5. Where you live

2630 Waldman Drive
Apt. #9
Williamsport, PA 17701

Number, Street, City, State & ZIP Code

Lycoming

County

If your mailing address is different from the one
above, fill it in here. Note that the court will send any
notices to you at this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

If Debtor 2 lives at a different address:

Number, Street, City, State & ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it
in here. Note that the court will send any notices to this
mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

6. Why you are choosing
this district to file for
bankruptcy

Check one:

- ☒ Over the last 180 days before filing this petition,
I have lived in this district longer than in any
other district.
- ☐ I have another reason.
Explain. (See 28 U.S.C. § 1408.)

Check one:

- ☐ Over the last 180 days before filing this petition, I
have lived in this district longer than in any other
district.
- ☐ I have another reason.
Explain. (See 28 U.S.C. § 1408.)

Part 2: Tell the Court About Your Bankruptcy Case

7. The chapter of the Bankruptcy Code you are choosing to file under *Check one.* (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)*). Also, go to the top of page 1 and check the appropriate box.
- ☒ Chapter 7
- ☐ Chapter 11
- ☐ Chapter 12
- ☐ Chapter 13
-
8. How you will pay the fee
- ☒ I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- ☐ I need to pay the fee in installments. If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
- ☐ I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.
-
9. Have you filed for bankruptcy within the last 8 years?
- ☒ No.
- ☐ Yes.
- | | | |
|----------------|------------|-------------------|
| District _____ | When _____ | Case number _____ |
| District _____ | When _____ | Case number _____ |
| District _____ | When _____ | Case number _____ |
-
10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?
- ☒ No
- ☐ Yes.
- | | |
|-----------------------------|---------------------------|
| Debtor _____ | Relationship to you _____ |
| District _____ | When _____ |
| Case number, if known _____ | |
| Debtor _____ | Relationship to you _____ |
| District _____ | When _____ |
| Case number, if known _____ | |
-
11. Do you rent your residence?
- ☐ No. Go to line 12.
- ☒ Yes. Has your landlord obtained an eviction judgment against you?
- ☒ No. Go to line 12.
- ☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

Part 3: Report About Any Businesses You Own as a Sole Proprietor**12. Are you a sole proprietor of any full- or part-time business?**☐ No.

Go to Part 4.

☐ Yes.

Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number, Street, City, State & ZIP Code

Check the appropriate box to describe your business:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

☐ No.

I am not filing under Chapter 11.

☐ No.

I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

☐ Yes.

I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11.

☐ Yes.

I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11.

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

Part 4: Report If You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention**14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**☐ No.☐ Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

Where is the property?

Number, Street, City, State & Zip Code

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

- ☒ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ I am not required to receive a briefing about credit counseling because of:
- ☐ **Incapacity.**
I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
 - ☐ **Disability.**
My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
 - ☐ **Active duty.**
I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

- ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ I am not required to receive a briefing about credit counseling because of:
- ☐ **Incapacity.**
I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
 - ☐ **Disability.**
My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
 - ☐ **Active duty.**
I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Certificate Number: 00437-PAM-CC-039569347



00437-PAM-CC-039569347

CERTIFICATE OF COUNSELING

I CERTIFY that on April 18, 2025, at 11:54 o'clock AM MDT, KAYLEE HOUSER received from Black Hills Children's Ranch, Inc., an agency approved pursuant to 11 U.S.C. 111 to provide credit counseling in the Middle District of Pennsylvania, an individual [or group] briefing that complied with the provisions of 11 U.S.C. 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: April 18, 2025 By: /s/Martin Alcantar

Name: Martin Alcantar

Title: Credit Counselor

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. 109(h) and 521(b).

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?	16a. Are your debts primarily consumer debts? <i>Consumer debts</i> are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> No. Go to line 16b. <input checked="" type="checkbox"/> Yes. Go to line 17.	16b. Are your debts primarily business debts? <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. <input type="checkbox"/> No. Go to line 16c. <input type="checkbox"/> Yes. Go to line 17.	16c. State the type of debts you owe that are not consumer debts or business debts
<hr/>			
17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	<input type="checkbox"/> No. I am not filing under Chapter 7. Go to line 18. <input checked="" type="checkbox"/> Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<hr/>			
18. How many Creditors do you estimate that you owe?	<input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5001-10,000 <input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> More than 100,000
<hr/>			
19. How much do you estimate your assets to be worth?	<input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion
<hr/>			
20. How much do you estimate your liabilities to be?	<input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion

Part 7: Sign Below

For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Kaylee N. Houser
Kaylee N. Houser
Signature of Debtor 1

Executed on April 30, 2025
MM / DD / YYYY

Signature of Debtor 2

Executed on _____
MM / DD / YYYY

Debtor 1 Kaylee N. Houser

Case number (if known) _____

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Lisa A. Rynard
Signature of Attorney for Debtor

Date April 30, 2025
MM / DD / YYYY

Lisa A. Rynard
Printed name

Law Office of Lisa A. Rynard
Firm name

240 Broad Street
Montoursville, PA 17754
Number, Street, City, State & ZIP Code

Contact phone (570) 505-3289

Email address larynard@larynardlaw.com

PA92802 PA
Bar number & State

Fill in this information to identify your case:

Debtor 1 Kaylee N. Houser
First Name Middle Name Last Name

Debtor 2
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: MIDDLE DISTRICT OF PENNSYLVANIA

Case number
(if known) _____

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

	Your assets Value of what you own
1. Schedule A/B: Property (Official Form 106A/B)	
1a. Copy line 55, Total real estate, from Schedule A/B.....	\$ <u>274,721.00</u>
1b. Copy line 62, Total personal property, from Schedule A/B.....	\$ <u>20,934.60</u>
1c. Copy line 63, Total of all property on Schedule A/B.....	\$ <u>295,655.60</u>

Part 2: Summarize Your Liabilities

	Your liabilities Amount you owe
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of Schedule D...	\$ <u>276,895.38</u>
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F.....	\$ <u>0.00</u>
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F.....	\$ <u>48,286.91</u>
Your total liabilities	\$ <u>325,182.29</u>

Part 3: Summarize Your Income and Expenses

4. Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I.....	\$ <u>2,572.67</u>
5. Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J.....	\$ <u>3,054.50</u>

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?
- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes
7. What kind of debt do you have?
- ☒ Your debts are primarily consumer debts. *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Debtor 1 Kaylee N. Houser

Case number (if known) _____

8. From the *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 2,734.70

9. Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:

From Part 4 on *Schedule E/F*, copy the following:

9a. Domestic support obligations (Copy line 6a.)

Total claim

\$ 0.00

9b. Taxes and certain other debts you owe the government. (Copy line 6b.)

\$ 0.00

9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)

\$ 0.00

9d. Student loans. (Copy line 6f.)

\$ 13,877.00

9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)

\$ 0.00

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

+\$ 0.00

9g. Total. Add lines 9a through 9f.

\$ 13,877.00

Fill in this information to identify your case and this filing:

Debtor 1	<u>Kaylee N. Houser</u>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u></u>		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>MIDDLE DISTRICT OF PENNSYLVANIA</u>			
Case number <u></u>			

☐ Check if this is an amended filing

Official Form 106A/B Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☐ No. Go to Part 2.
- ☒ Yes. Where is the property?

1.1

1730 Fredna Avenue

Street address, if available, or other description

Williamsport PA 17701-0000

City State ZIP Code

Lycoming

County

What is the property? Check all that apply

- ☒ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other

Who has an interest in the property? Check one

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☒ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

\$274,721.00

Current value of the portion you own?

\$274,721.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entirety, or a life estate), if known.

☐ Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number:

Valued per CMA dated 01/21/2024

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

\$274,721.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

Debtor 1 Kaylee N. Houser

Case number (if known) _____

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☐ No
☒ Yes

3.1 Make: Ford
Model: Escape
Year: 2017
Approximate mileage: 70,169
Other information:

Valued per KBB

Who has an interest in the property? Check one

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?	Current value of the portion you own?
<u>\$10,823.00</u>	<u>\$10,823.00</u>

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ☒ No
☐ Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

\$10,823.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

- ☐ No
☒ Yes. Describe.....

Average Household Goods & Furnishings (See attached list)

\$2,280.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

- ☒ No
☐ Yes. Describe.....

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

- ☒ No
☐ Yes. Describe.....

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

- ☒ No
☐ Yes. Describe.....

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

- ☒ No
☐ Yes. Describe.....

HOUSEHOLD GOODS AND FURNISHINGS

Name: Kaylee Houser

*The estimated value is to be "replacement" value of the item in its present condition and given its age. This is not to be estimated cost to replace with similar new item. This is only a guide. You may also simply prepare a listing without trying to make items fit into this guide. Likewise, if items are not included in this guide, please continue on another sheet.

Room/Description	Estimated Value*	
Living Room		
Carpets/Rugs		
Sofas, Chairs	\$ 30	
Tables	\$ 200	
Lamps	\$ 10	
Pictures/Mirrors/Art/Décor	\$ 10	
Other furniture (list): <u>seas + island</u>	\$ 60	
TVs, Stereos, Electronics	\$ 20	
Computer, Printer, Accessories	\$ 50	
Other:	\$ 0	
Other:	\$ 0	
Total Living Room		\$ 400.00
Kitchen		
Appliances	\$ 200.00	
Small Appliances	\$ 200	
Table, Chairs	\$ 0	
Cookware	\$ 50	
Dishes, Utensils	\$ 50	
Other:	\$ 0	
Total Kitchen		\$ 1100.*
Dining Room		
Carpet/Rugs	\$ 0	
Table, Chairs	\$ 70	
Buffet, Sideboard	\$ 20	
China, Glassware	\$ 0	
Silver or Flatware	\$ 0	
Pictures/Mirrors	\$ 0	
Other:	\$ 0	
Total Dining Room		\$ 90.00
Bedrooms		
Carpet/Rugs	\$ 10	
Beds	\$ 100	
Bedding	\$ 30	
Bureaus, Dressers	\$ 0	

MONTHLY EXPENSES WORKSHEET

Home Ownership/Residence:

Name: Kaylee Houser

Mortgage/Rent Payment

Pictures/Mirrors	\$ 30	
Desk, Chairs, Tables	\$ 20	
TVs, Stereos	\$ 0	
Computer	\$ 0	
Other:	\$ 0	
Other:	\$ 0	
Total Bedrooms		\$ 190.00
Family Room/Den		
Sofas, Chairs	\$	
Tables, Chairs	\$	
Pictures/Mirrors	\$	
TVs, Stereos	\$	
Computer/Printers	\$	
Games/Instruments	\$	
Other (list)	\$	
Other (list)	\$	
Total Family Room/Den		\$
Garage, Car Port, Shed, Basement, Storage		
Tools	\$	
Lawn Mower	\$	
Grill	\$	
Lawn Furniture	\$	
Hobby/Sport Equipment	\$	
Bikes/Toys	\$	
Washer/Dryer	\$ 500	
Decorations	\$	
Garden Items	\$	
Freezer	\$	
Other:	\$	
Other:	\$	
Other:	\$	
Other:	\$	
Total Garage, Car Port, Shed, Basement, Storage		\$ 500.00
Any other "Household" goods		
✓		
✓		
✓		
Total other "Household" goods		\$

*2280.00

Debtor 1 Kaylee N. Houser

Case number (if known) _____

11. Clothes*Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories*☐ No☒ Yes. Describe.....Used Clothing\$150.00**12. Jewelry***Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver*☒ No☐ Yes. Describe.....**13. Non-farm animals***Examples: Dogs, cats, birds, horses*☒ No☐ Yes. Describe.....**14. Any other personal and household items you did not already list, including any health aids you did not list**☒ No☐ Yes. Give specific information.....**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here**\$2,430.00**Part 4: Describe Your Financial Assets****Do you own or have any legal or equitable interest in any of the following?****Current value of the
portion you own?
Do not deduct secured
claims or exemptions.****16. Cash***Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition*☒ No☐ Yes.....**17. Deposits of money***Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.*☐ No☒ Yes.....

Institution name:

Checking Account17.1. **#3117**Truist Bank\$552.41**Savings Account**17.2. **#7974**Truist Bank\$3,567.06**Savings Account**17.3. **#641**Members 1st Federal Credit union\$5.00**Savings Account**17.4. **#2556**Penn Federal Credit Union\$5.00

17.5.

Residential Security Deposit with Landlord\$850.00

18. Bonds, mutual funds, or publicly traded stocks*Examples: Bond funds, investment accounts with brokerage firms, money market accounts*☒ No☐ Yes..... Institution or issuer name:**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**☒ No☐ Yes. Give specific information about them.....

Name of entity:

% of ownership:

20. Government and corporate bonds and other negotiable and non-negotiable instruments*Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.**Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.*☒ No☐ Yes. Give specific information about them

Issuer name:

21. Retirement or pension accounts*Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans*☐ No☒ Yes. List each account separately.

Type of account:

Institution name:

Retirement with Employer (As of 03/13/2025)\$2,702.13**22. Security deposits and prepayments***Your share of all unused deposits you have made so that you may continue service or use from a company**Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others*☒ No☐ Yes.

Institution name or individual:

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)☒ No☐ Yes..... Issuer name and description.**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No☐ Yes..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**☒ No☐ Yes. Give specific information about them...**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property***Examples: Internet domain names, websites, proceeds from royalties and licensing agreements*☒ No☐ Yes. Give specific information about them...**27. Licenses, franchises, and other general intangibles***Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses*☒ No☐ Yes. Give specific information about them...

Money or property owed to you?

Current value of the
portion you own?
Do not deduct secured
claims or exemptions.

28. Tax refunds owed to you

- ☒ No
☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

- ☐ No
☒ Yes. Give specific information.....

Child Support Award; Lycoming County,
PA iao \$700.00 per month; Payor-Gino
Ginoble (nominal arrears)

\$0.00

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

- ☒ No
☐ Yes. Give specific information..

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

- ☒ No
☐ Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund
value:

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

- ☒ No
☐ Yes. Give specific information..

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

- ☒ No
☐ Yes. Describe each claim.....

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

- ☒ No
☐ Yes. Describe each claim.....

35. Any financial assets you did not already list

- ☒ No
☐ Yes. Give specific information..

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$7,681.60

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**37. Do you own or have any legal or equitable interest in any business-related property?**

- ☒ No. Go to Part 6.
☐ Yes. Go to line 38.

Debtor 1 **Kaylee N. Houser**

Case number (if known) _____

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

- ☒ No. Go to Part 7.
☐ Yes. Go to line 47.

Part 7: Describe All Property You Own or Have an Interest In That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

- ☒ No
☐ Yes. Give specific information.....

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$0.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2		\$274,721.00
56. Part 2: Total vehicles, line 5	\$10,823.00	
57. Part 3: Total personal and household items, line 15	\$2,430.00	
58. Part 4: Total financial assets, line 36	\$7,681.60	
59. Part 5: Total business-related property, line 45	\$0.00	
60. Part 6: Total farm- and fishing-related property, line 52	\$0.00	
61. Part 7: Total other property not listed, line 54	\$0.00	
	+	
62. Total personal property. Add lines 56 through 61...	\$20,934.60	Copy personal property total \$20,934.60
63. Total of all property on Schedule A/B. Add line 55 + line 62		\$295,655.60

Fill in this information to identify your case:

Debtor 1 Kaylee N. Houser
First Name Middle Name Last Name

Debtor 2
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: MIDDLE DISTRICT OF PENNSYLVANIA

Case number
(if known) _____

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/25

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)

☒ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
1730 Fredna Avenue Williamsport, PA 17701 Lycoming County Valued per CMA dated 01/21/2024 Line from <i>Schedule A/B</i> : 1.1	\$274,721.00	<input checked="" type="checkbox"/> \$4,442.81 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(1)
Average Household Goods & Furnishings (See attached list) Line from <i>Schedule A/B</i> : 6.1	\$2,280.00	<input checked="" type="checkbox"/> \$2,280.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Used Clothing Line from <i>Schedule A/B</i> : 11.1	\$150.00	<input checked="" type="checkbox"/> \$150.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Checking Account #3117: Truist Bank Line from <i>Schedule A/B</i> : 17.1	\$552.41	<input checked="" type="checkbox"/> \$552.41 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Savings Account #7974: Truist Bank Line from <i>Schedule A/B</i> : 17.2	\$3,567.06	<input checked="" type="checkbox"/> \$3,567.06 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)

Debtor 1 **Kaylee N. Houser**

Case number (if known) _____

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Savings Account #641: Members 1st Federal Credit union Line from Schedule A/B: 17.3	<u>\$5.00</u>	<input checked="" type="checkbox"/> <u>\$5.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Savings Account #2556: Penn Federal Credit Union Line from Schedule A/B: 17.4	<u>\$5.00</u>	<input checked="" type="checkbox"/> <u>\$5.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Residential Security Deposit with Landlord Line from Schedule A/B: 17.5	<u>\$850.00</u>	<input checked="" type="checkbox"/> <u>\$850.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Retirement with Employer (As of 03/13/2025) Line from Schedule A/B: 21.1	<u>\$2,702.13</u>	<input checked="" type="checkbox"/> <u>100%</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(12)

3. Are you claiming a homestead exemption of more than \$214,000?
(Subject to adjustment on 4/01/28 and every 3 years after that for cases filed on or after the date of adjustment.)

☒ No☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?☐ No☐ Yes

Fill in this information to identify your case:

Debtor 1	<u>Kaylee N. Houser</u>		
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>MIDDLE DISTRICT OF PENNSYLVANIA</u>		
Case number			
(if known)			

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any	
2.1 M & T Bank Creditor's Name Attn: Bankruptcy Po Box 844 Buffalo, NY 14240 Number, Street, City, State & Zip Code	Describe the property that secures the claim: 1730 Fredna Avenue Williamsport, PA 17701 Lycoming County Valued per CMA dated 01/21/2024 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset)	\$265,835.38	\$274,721.00	\$0.00

Who owes the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another
☐ Check if this claim relates to a community debt

Date debt was incurred **Opened 01/22 Last Active 12/24** Last 4 digits of account number **5969**

Debtor 1 **Kaylee N. Houser**
First Name Middle Name Last Name

Case number (if known) _____

2.2 **Members 1st FCU**
Creditor's Name

**Attn: Bankruptcy
Po Box 8893
Camo Hill, PA 17001**

Number, Street, City, State & Zip Code

Describe the property that secures the claim:

**2017 Ford Escape 70,169 miles
Valued per KBB**

\$11,060.00

\$10,823.00

\$237.00

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Nature of lien. Check all that apply.

☒ An agreement you made (such as mortgage or secured car loan)

☐ Statutory lien (such as tax lien, mechanic's lien)

☐ Judgment lien from a lawsuit

☐ Other (including a right to offset) _____

Who owes the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

**Opened
06/21 Last
Active**

Date debt was incurred **2/27/25**

Last 4 digits of account number **0001**

Add the dollar value of your entries in Column A on this page. Write that number here:

\$276,895.38

If this is the last page of your form, add the dollar value totals from all pages.
Write that number here:

\$276,895.38

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

[]

Name, Number, Street, City, State & Zip Code

KML Law Group, P.C.

Suite 5000-BNY Independence Center

701 Market Street

Philadelphia, PA 19106

On which line in Part 1 did you enter the creditor? **2.1**

Last 4 digits of account number _____

Fill in this information to identify your case:

Debtor 1 Kaylee N. Houser
First Name Middle Name Last Name

Debtor 2
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: MIDDLE DISTRICT OF PENNSYLVANIA

Case number _____
(if known)

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- ☒ No. Go to Part 2.
- ☐ Yes.

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim
4.1	Amex Nonpriority Creditor's Name Correspondence/Bankruptcy Po Box 981535 El Paso, TX 79998 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>6883</u> When was the debt incurred? <u>Opened 05/23 Last Active 2/25/25</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>
		<u>\$1,254.00</u>

4.2

Bank of America

Nonpriority Creditor's Name

**Attn: Bankruptcy
4909 Savarese Circle
Tampa, FL 33634**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt
Is the claim subject to offset?
☒ No
☐ Yes

Last 4 digits of account number **5323****\$4,859.00**When was the debt incurred? **Opened 1/21/22 Last Active 1/21/25**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Credit Card**

4.3

Cap1/kohls

Nonpriority Creditor's Name

**Attn: Bankruptcy
Po Box 3043
Milwaukee, WI 53201**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt
Is the claim subject to offset?
☒ No
☐ Yes

Last 4 digits of account number **5037****\$1,780.00**When was the debt incurred? **Opened 11/22 Last Active 12/24**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Charge Account**

4.4

Capital One

Nonpriority Creditor's Name

**Attn: Bankruptcy
Po Box 30285
Salt Lake City, UT 84130**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt
Is the claim subject to offset?
☒ No
☐ Yes

Last 4 digits of account number **3742****\$3,451.00**When was the debt incurred? **Opened 02/22 Last Active 12/24**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Credit Card**

4.5

Comenity/Carter

Nonpriority Creditor's Name

Attn: Bankruptcy**Po Box 182125****Columbus, OH 43218**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **2296****\$727.00**When was the debt incurred? **Opened 02/21 Last Active 02/25**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Charge Account**

4.6

Comenity/Ulta

Nonpriority Creditor's Name

Attn: Bankruptcy Dept**Po Box 182125****Columbus, OH 43218**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **9460****\$3,115.00**When was the debt incurred? **Opened 11/22 Last Active 12/24**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Credit Card**

4.7

Dept Of Education/nein

Nonpriority Creditor's Name

Po Box 82561**Lincoln, NE 68501**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **7741****\$6,131.00**When was the debt incurred? **Opened 08/24 Last Active 2/28/25**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☒ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify**Educational**

4.8

Dept Of Education/neln

Nonpriority Creditor's Name

**Po Box 82561
Lincoln, NE 68501**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt
Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **7641****\$3,500.00**When was the debt incurred? **Opened 08/24 Last Active 2/28/25**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☒ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify _____

Educational

4.9

Dept Of Education/neln

Nonpriority Creditor's Name

**Po Box 82561
Lincoln, NE 68501**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt
Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **9443****\$2,501.00**When was the debt incurred? **Opened 10/19 Last Active 2/14/25**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☒ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify _____

Educational4.1
0**Dept Of Education/neln**

Nonpriority Creditor's Name

**Po Box 82561
Lincoln, NE 68501**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt
Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **9343****\$1,745.00**When was the debt incurred? **Opened 10/19 Last Active 2/14/25**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☒ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify _____

Educational

4.1
1**Discover Financial**

Nonpriority Creditor's Name

Attn: Bankruptcy**Po Box 3025****New Albany, OH 43054**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **0924****\$3,867.00**When was the debt incurred? **Opened 09/20 Last Active 11/24**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Credit Card**4.1
2**Klarna**

Nonpriority Creditor's Name

800 N High St Ste 400**Columbus, OH 43215**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number

\$100.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Credit Account**4.1
3**Office of Attorney General**

Nonpriority Creditor's Name

Financial Enforcement Section**Strawberry Square 14th Fl****Harrisburg, PA 17120**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **4878****\$1,204.91**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Benefit Overpayment**

4.1
4**Pentagon Federal Credit Union**

Nonpriority Creditor's Name

Attn: Bankruptcy
2930 Eisenhower Avenue
Alexandria, VA 22314

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **1132****\$3,261.00****Opened 11/22 Last Active**
12/24

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Credit Card**4.1
5**Synco/Old Navy**

Nonpriority Creditor's Name

Attn: Bankruptcy
Po Box 965060
Orlando, FL 32896

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **0195****\$1,289.00****Opened 08/21 Last Active**
12/24

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Credit Card**4.1
6**Synchrony Bank/Amazon**

Nonpriority Creditor's Name

Attn: Bankruptcy
Po Box 965060
Orlando, FL 32896

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **1198****\$375.00****Opened 08/21 Last Active**
12/24

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Charge Account**

4.1
7**Synchrony Bank/TJX**

Nonpriority Creditor's Name

Attn: Bankruptcy**Po Box 965060****Orlando, FL 32896**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **4547****\$2,481.00****Opened 08/21 Last Active**When was the debt incurred? **11/24**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Credit Card**4.1
8**Synchrony/Lowes**

Nonpriority Creditor's Name

Attn Bankruptcy**P O Box 965060****Orlando, FL 32896**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **8392****\$800.00**When was the debt incurred? **01/2022**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Credit Card**4.1
9**Synchrony/PayPal Credit**

Nonpriority Creditor's Name

Attn: Bankruptcy**Po Box 965064****Orlando, FL 32896**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **4595****\$4,220.00****Opened 05/22 Last Active**When was the debt incurred? **11/24**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Credit Card**

Debtor 1 **Kaylee N. Houser**

Case number (if known)

4.2
0**Target NB**Last 4 digits of account number **3773****\$1,626.00**

Nonpriority Creditor's Name

C/O Financial & Retail Services**Mailstop BT PO Box 9475****Minneapolis, MN 55440**

Number Street City State Zip Code

Who Incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred?

Opened 01/22 Last Active**12/24**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Credit Card****Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

		Total Claim	
Total claims from Part 1	6a. Domestic support obligations	6a. \$	0.00
	6b. Taxes and certain other debts you owe the government	6b. \$	0.00
	6c. Claims for death or personal injury while you were intoxicated	6c. \$	0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. \$	0.00
	6e. Total Priority. Add lines 6a through 6d.	6e. \$	0.00
Total claims from Part 2	6f. Student loans	6f. \$	13,877.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$	0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$	0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. \$	34,409.91
	6j. Total Nonpriority. Add lines 6f through 6i.	6j. \$	48,286.91

Fill in this information to identify your case:

Debtor 1 Kaylee N. Houser
First Name Middle Name Last Name

Debtor 2
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: MIDDLE DISTRICT OF PENNSYLVANIA

Case number
(if known) _____

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?
☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).
2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease
Name, Number, Street, City, State and ZIP Code

State what the contract or lease is for

2.1 TJMA Investments LLC/Hammond Apts.

Residential Lease

Fill in this information to identify your case:

Debtor 1 Kaylee N. Houser
First Name Middle Name Last Name

Debtor 2
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: MIDDLE DISTRICT OF PENNSYLVANIA

Case number
(if known) _____

☐ Check if this is an amended filing

Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

☐ No
☒ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

☒ No. Go to line 3.
☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor
Name, Number, Street, City, State and ZIP Code

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

3.1 **Geno G. Ginoble**
1607 Log Run Road
Williamsport, PA 17701

☒ Schedule D, line 2.1
☐ Schedule E/F, line _____
☐ Schedule G _____
M & T Bank

Fill in this information to identify your case:

Debtor 1 Kaylee N. Houser

Debtor 2
(Spouse, if filing)

United States Bankruptcy Court for the: MIDDLE DISTRICT OF PENNSYLVANIA

Case number
(if known)

Check if this is:

- ☐ An amended filing
☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

Debtor 1

- ☒ Employed
☐ Not employed

Phlebotomist

UPMC

600 Grant Street Floor 56
Pittsburgh, PA 15219

Debtor 2 or non-filing spouse

- ☐ Employed
☐ Not employed

How long employed there? Since 12/2020

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>1,235.40</u>	\$ <u>N/A</u>
3. Estimate and list monthly overtime pay.	3. +\$ <u>0.00</u>	+\$ <u>N/A</u>
4. Calculate gross income. Add line 2 + line 3.	4. \$ <u>1,235.40</u>	\$ <u>N/A</u>

	For Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here	4. \$ <u>1,235.40</u>	\$ <u>N/A</u>	
5. List all payroll deductions:			
5a. Tax, Medicare, and Social Security deductions	5a. \$ <u>188.65</u>	\$ <u>N/A</u>	
5b. Mandatory contributions for retirement plans	5b. \$ <u>0.00</u>	\$ <u>N/A</u>	
5c. Voluntary contributions for retirement plans	5c. \$ <u>0.00</u>	\$ <u>N/A</u>	
5d. Required repayments of retirement fund loans	5d. \$ <u>0.00</u>	\$ <u>N/A</u>	
5e. Insurance	5e. \$ <u>0.00</u>	\$ <u>N/A</u>	
5f. Domestic support obligations	5f. \$ <u>0.00</u>	\$ <u>N/A</u>	
5g. Union dues	5g. \$ <u>0.00</u>	\$ <u>N/A</u>	
5h. Other deductions. Specify:	5h.+ \$ <u>0.00</u>	\$ <u>N/A</u>	
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ <u>188.65</u>	\$ <u>N/A</u>	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ <u>1,046.75</u>	\$ <u>N/A</u>	
8. List all other income regularly received:			
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ <u>0.00</u>	\$ <u>N/A</u>	
8b. Interest and dividends	8b. \$ <u>0.00</u>	\$ <u>N/A</u>	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ <u>700.00</u>	\$ <u>N/A</u>	
8d. Unemployment compensation	8d. \$ <u>0.00</u>	\$ <u>N/A</u>	
8e. Social Security	8e. \$ <u>0.00</u>	\$ <u>N/A</u>	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ <u>0.00</u>	\$ <u>N/A</u>	
8g. Pension or retirement income	8g. \$ <u>0.00</u>	\$ <u>N/A</u>	
8h. Other monthly income. Specify: 1/12 Estimated Federal Tax Refund (2024) Dog Sitting	8h.+ \$ <u>625.92</u> \$ <u>200.00</u>	\$ <u>N/A</u> \$ <u>N/A</u>	
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ <u>1,525.92</u>	\$ <u>N/A</u>	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ <u>2,572.67</u> + \$ <u>N/A</u>	= \$ <u>2,572.67</u>	
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:			11. +\$ <u>0.00</u>
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities and Related Data</i> , if it applies			12. \$ <u>2,572.67</u> Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form?			
<input checked="" type="checkbox"/> No.			
<input type="checkbox"/> Yes. Explain: _____			

Employee Name	Payroll Relationship Number	Payroll
Kaylee Houser	605427	UPMC Biweekly Payroll
Person Number	Assignment Number	Salary Basis Name
605427	E605427	Hourly
	Job Title	Tax Reporting Unit Name
	Phlebotomist	UPMC Williamsport
Employee Address	Position	Tax Reporting Unit Address
1730 Fredna Avenue Williamsport, PA 17701 US	Phlebotomist	600 Grant Street Floor 56 Pittsburgh, PA 15219 US

Period Type	Period Start Date	Period End Date	Payment Date	Base Salary
Biweekly	23-Feb-2025	8-Mar-2025	14-Mar-2025	18.49

Summary		
Description	Current	Year to Date
Gross Earnings	237.95	3,333.61
Employee Tax Deductions	32.43	521.82
Voluntary Deductions	0.00	60.00
Net Payment	205.52	2,751.79

Earnings		
Description	Current	Year to Date
Alternate Rate Differential APD	0.00	11.21
Day Regular	145.15	2,377.30
Holiday Worked	0.00	180.28
Off Shift Regular	0.00	282.44
Weekend Offshift	0.00	45.75
Weekend Regular	65.64	270.46

Description	Start Date	End Date	Quantity	Type	Rate	Multiple	Amount
Day Regular			7.85	Hours	18.49	1.00	145.15
Protected Paid Sick Leave Entitlement Earnings Results			1.47	Hours	18.49	1.00	27.16
Weekend Regular			3.55	Hours	18.49	1.00	65.64

Absences		
Description	Current	Year to Date
Protected Paid Sick Leave Entitlement Payment	27.16	166.17

Hours		
Description	Current	Year to Date
Day Regular Hours Worked	7.85	130.40
Holiday Worked Hours Worked	0.00	6.50
Off Shift Regular Hours Worked	0.00	14.20
Paid Meal Break	0.50	4.50
Protected Paid Sick Leave Entitlement Hours	1.47	8.99
Sick without Pay Hours Worked	0.00	2.68
Time Off Without Pay Hours Worked	5.73	5.73
Weekend Offshift Hours Worked	0.00	2.30
Weekend Regular Hours Worked	3.55	14.90

Tax Deductions		
Description	Current	Year to Date
Social Security Employee Withheld	14.75	206.68
Medicare Employee Withheld	3.45	48.34
FIT Withheld	0.00	83.45
SIT Withheld (PA)	7.31	102.34
SUI Employee Withheld (PA)	0.16	2.33
Head Tax Withheld (PA, Lycoming, Williamsport)	2.00	12.00
City Withheld (PA, Lycoming, Williamsport)	1.19	16.67
School Withheld (PA, Williamsport ASD)	3.57	50.01

Other Deductions					
Description				Current	Year to Date
Savings Plan 403b Roth				0.00	60.00
Net Pay Distribution					
Check/Deposit Number	Bank Name	Branch Name	Account Number	Currency	Payment Amount
12379400622			XXXXXXXXXX3117	USD	205.52

Tax Withholding Information			
Type	Marital Status	Total Dependent Amount	Extra Withholding
FEDERAL	Single or Married filing separately	0.00	0.00

Tax Withholding Information			
Type	Marital Status	Exemptions	Additional Amount
PA			0.00

Employee Name	Payroll Relationship Number	Payroll
Kaylee Houser	605427	UPMC Biweekly Payroll
Person Number	Assignment Number	Salary Basis Name
605427	E605427	Hourly
	Job Title	Tax Reporting Unit Name
	Phlebotomist	UPMC Williamsport
Employee Address	Position	Tax Reporting Unit Address
1730 Fredna Avenue Williamsport, PA 17701 US	Phlebotomist	600 Grant Street Floor 56 Pittsburgh, PA 15219 US

Period Type	Period Start Date	Period End Date	Payment Date	Base Salary
Biweekly	9-Mar-2025	22-Mar-2025	28-Mar-2025	18.49

Summary		
Description	Current	Year to Date
Gross Earnings	787.96	4,121.57
Employee Tax Deductions	123.89	645.71
Voluntary Deductions	0.00	60.00
Net Payment	664.07	3,415.86

Earnings		
Description	Current	Year to Date
Alternate Rate Differential APD	0.00	11.21
Day Regular	782.12	3,159.42
Holiday Worked	0.00	180.28
Off Shift Regular	0.00	282.44
Weekend Offshift	0.00	45.75
Weekend Regular	0.00	270.46

Description	Start Date	End Date	Quantity	Type	Rate	Multiple	Amount
Day Regular			42.30	Hours	18.49	1.00	782.12
Protected Paid Sick Leave Entitlement Earnings Results			0.32	Hours	18.49	1.00	5.84

Absences		
Description	Current	Year to Date
Protected Paid Sick Leave Entitlement Payment	5.84	172.01

Hours		
Description	Current	Year to Date
Day Regular Hours Worked	42.30	172.70
Holiday Worked Hours Worked	0.00	6.50
Off Shift Regular Hours Worked	0.00	14.20
Paid Meal Break	1.00	5.50
Protected Paid Sick Leave Entitlement Hours	0.32	9.30
Sick without Pay Hours Worked	0.00	2.68
Time Off Without Pay Hours Worked	7.18	12.92
Weekend Offshift Hours Worked	0.00	2.30
Weekend Regular Hours Worked	0.00	14.90

Tax Deductions		
Description	Current	Year to Date

Social Security Employee Withheld	48.86	255.54
FIT Withheld	21.10	104.55
Medicare Employee Withheld	11.42	59.76
SIT Withheld (PA)	24.19	126.53
SUI Employee Withheld (PA)	0.56	2.89
City Withheld (PA, Lycoming, Williamsport)	3.94	20.61
Head Tax Withheld (PA, Lycoming, Williamsport)	2.00	14.00
School Withheld (PA, Williamsport ASD)	11.82	61.83

Other Deductions					
Description			Current	Year to Date	
Savings Plan 403b Roth			0.00	60.00	
Net Pay Distribution					
Check/Deposit Number	Bank Name	Branch Name	Account Number	Currency	Payment Amount
12464958520			XXXXXXXXXX3117	USD	664.07

Tax Withholding Information			
Type	Marital Status	Total Dependent Amount	Extra Withholding
FEDERAL	Single or Married filing separately	0.00	0.00

Tax Withholding Information			
Type	Marital Status	Exemptions	Additional Amount
PA			0.00

Employee Name	Payroll Relationship Number	Payroll
Kaylee Houser	605427	UPMC Biweekly Payroll
Person Number	Assignment Number	Salary Basis Name
605427	E605427	Hourly
	Job Title	Tax Reporting Unit Name
	Phlebotomist	UPMC Williamsport
Employee Address	Position	Tax Reporting Unit Address
1730 Fredna Avenue Williamsport, PA 17701 US	Phlebotomist	600 Grant Street Floor 56 Pittsburgh, PA 15219 US

Period Type	Period Start Date	Period End Date	Payment Date	Base Salary
Biweekly	23-Mar-2025	5-Apr-2025	11-Apr-2025	18.49

Summary		
Description	Current	Year to Date
Gross Earnings	406.78	4,528.35
Employee Tax Deductions	54.02	699.73
Voluntary Deductions	0.00	60.00
Net Payment	352.76	3,768.62

Earnings		
Description	Current	Year to Date
Alternate Rate Differential APD	0.00	11.21
Day Regular	189.52	3,348.94
Holiday Worked	0.00	180.28
Off Shift Regular	0.00	282.44
Weekend Offshift	0.00	45.75
Weekend Regular	217.26	487.72

Description	Start Date	End Date	Quantity	Type	Rate	Multiple	Amount
Day Regular			10.25	Hours	18.49	1.00	189.52
Weekend Regular			11.75	Hours	18.49	1.00	217.26

Absences		
Description	Current	Year to Date
Protected Paid Sick Leave Entitlement Payment	0.00	172.01

Hours		
Description	Current	Year to Date
Day Regular Hours Worked	10.25	182.95
Holiday Worked Hours Worked	0.00	6.50
Off Shift Regular Hours Worked	0.00	14.20
Paid Meal Break	1.00	6.50
Protected Paid Sick Leave Entitlement Hours	0.00	9.30
Sick without Pay Hours Worked	0.00	2.68
Time Off Without Pay Hours Worked	0.00	12.92
Weekend Offshift Hours Worked	0.00	2.30
Weekend Regular Hours Worked	11.75	26.65

Tax Deductions		
Description	Current	Year to Date
Social Security Employee Withheld	25.22	280.76

Medicare Employee Withheld	5.90	65.66
FIT Withheld	0.00	104.55
SIT Withheld (PA)	12.49	139.02
SUI Employee Withheld (PA)	0.28	3.17
City Withheld (PA, Lycoming, Williamsport)	2.03	22.64
Head Tax Withheld (PA, Lycoming, Williamsport)	2.00	16.00
School Withheld (PA, Williamsport ASD)	6.10	67.93

Other Deductions					
Description				Current	Year to Date
Savings Plan 403b Roth				0.00	60.00
Net Pay Distribution					
Check/Deposit Number	Bank Name	Branch Name	Account Number	Currency	Payment Amount
12551157735			XXXXXXXXXX3117	USD	352.76

Tax Withholding Information			
Type	Marital Status	Total Dependent Amount	Extra Withholding
FEDERAL	Single or Married filing separately	0.00	0.00

Tax Withholding Information			
Type	Marital Status	Exemptions	Additional Amount
PA			0.00

Employee Name	Payroll Relationship Number	Payroll
Kaylee Houser	605427	UPMC Biweekly Payroll
Person Number	Assignment Number	Salary Basis Name
605427	E605427	Hourly
	Job Title	Tax Reporting Unit Name
	Phlebotomist	UPMC Williamsport
Employee Address	Position	Tax Reporting Unit Address
1730 Fredna Avenue Williamsport, PA 17701 US	Phlebotomist	600 Grant Street Floor 56 Pittsburgh, PA 15219 US

Period Type	Period Start Date	Period End Date	Payment Date	Base Salary
Biweekly	6-Apr-2025	19-Apr-2025	25-Apr-2025	18.49

Summary		
Description	Current	Year to Date
Gross Earnings	413.25	4,941.60
Employee Tax Deductions	54.86	754.59
Voluntary Deductions	0.00	60.00
Net Payment	358.39	4,127.01

Earnings		
Description	Current	Year to Date
Alternate Rate Differential APD	0.00	11.21
Day Regular	413.25	3,762.19
Holiday Worked	0.00	180.28
Off Shift Regular	0.00	282.44
Weekend Offshift	0.00	45.75
Weekend Regular	0.00	487.72

Description	Start Date	End Date	Quantity	Type	Rate	Multiple	Amount
Day Regular			22.35	Hours	18.49	1.00	413.25

Absences		
Description	Current	Year to Date
Protected Paid Sick Leave Entitlement Payment	0.00	172.01

Hours		
Description	Current	Year to Date
Day Regular Hours Worked	22.35	205.30
Holiday Worked Hours Worked	0.00	6.50
Off Shift Regular Hours Worked	0.00	14.20
Paid Meal Break	0.50	7.00
Protected Paid Sick Leave Entitlement Hours	0.00	9.30
Sick without Pay Hours Worked	0.00	2.68
Time Off Without Pay Hours Worked	0.00	12.92
Weekend Offshift Hours Worked	0.00	2.30
Weekend Regular Hours Worked	0.00	26.65

Tax Deductions		
Description	Current	Year to Date
Social Security Employee Withheld	25.62	306.38
Medicare Employee Withheld	5.99	71.65

FIT Withheld	0.00	104.55
SIT Withheld (PA)	12.69	151.71
SUI Employee Withheld (PA)	0.29	3.46
City Withheld (PA, Lycoming, Williamsport)	2.07	24.71
Head Tax Withheld (PA, Lycoming, Williamsport)	2.00	18.00
School Withheld (PA, Williamsport ASD)	6.20	74.13

Other Deductions		
Description	Current	Year to Date
Savings Plan 403b Roth	0.00	60.00

Net Pay Distribution					
Check/Deposit Number	Bank Name	Branch Name	Account Number	Currency	Payment Amount
12637282877			XXXXXXXXXX3117	USD	358.39

Tax Withholding Information			
Type	Marital Status	Total Dependent Amount	Extra Withholding
FEDERAL	Single or Married filing separately	0.00	0.00

Tax Withholding Information			
Type	Marital Status	Exemptions	Additional Amount
PA			0.00

Fill in this information to identify your case:

Debtor 1 Kaylee N. Houser

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: MIDDLE DISTRICT OF PENNSYLVANIA

Case number _____
(if known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY**Official Form 106J****Schedule J: Your Expenses**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household**1. Is this a joint case?**☒ No. Go to line 2.☐ Yes. Does Debtor 2 live in a separate household?☐ No☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household* of Debtor 2.**2. Do you have dependents?** ☐ No

Do not list Debtor 1 and Debtor 2.

☒ Yes. Fill out this information for each dependent.....

Do not state the dependents names.

Dependent's relationship to Debtor 1 or Debtor 2**Dependent's age****Does dependent live with you?**SON OF DEBTOR 1 AND DEBTOR 22YESSon2☐ No☒ YesSon4☐ No☒ Yes☐ No☐ Yes☐ No☐ Yes**3. Do your expenses include expenses of people other than yourself and your dependents?** ☐ No
☐ Yes**Part 2: Estimate Your Ongoing Monthly Expenses**

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses**4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.**4. \$ 850.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 25.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00**5. Additional mortgage payments for your residence, such as home equity loans**5. \$ 0.00

6. Utilities:	
6a. Electricity, heat, natural gas	6a. \$ <u>250.00</u>
6b. Water, sewer, garbage collection	6b. \$ <u>30.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>165.00</u>
6d. Other. Specify: _____	6d. \$ <u>0.00</u>
7. Food and housekeeping supplies	7. \$ <u>450.00</u>
8. Childcare and children's education costs	8. \$ <u>200.00</u>
9. Clothing, laundry, and dry cleaning	9. \$ <u>50.00</u>
10. Personal care products and services	10. \$ <u>50.00</u>
11. Medical and dental expenses	11. \$ <u>20.00</u>
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <u>279.00</u>
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$ <u>100.00</u>
14. Charitable contributions and religious donations	14. \$ <u>0.00</u>
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. \$ <u>0.00</u>
15b. Health insurance	15b. \$ <u>0.00</u>
15c. Vehicle insurance	15c. \$ <u>119.00</u>
15d. Other insurance. Specify: _____	15d. \$ <u>0.00</u>
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ <u>0.00</u>
17. Installment or lease payments:	
17a. Car payments for Vehicle 1	17a. \$ <u>366.50</u>
17b. Car payments for Vehicle 2	17b. \$ <u>0.00</u>
17c. Other. Specify: _____	17c. \$ <u>0.00</u>
17d. Other. Specify: _____	17d. \$ <u>0.00</u>
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$ <u>0.00</u>
19. Other payments you make to support others who do not live with you. Specify: _____	\$ <u>0.00</u>
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	
20a. Mortgages on other property	20a. \$ <u>0.00</u>
20b. Real estate taxes	20b. \$ <u>0.00</u>
20c. Property, homeowner's, or renter's insurance	20c. \$ <u>0.00</u>
20d. Maintenance, repair, and upkeep expenses	20d. \$ <u>0.00</u>
20e. Homeowner's association or condominium dues	20e. \$ <u>0.00</u>
21. Other: Specify: <u>School Related</u>	21. +\$ <u>100.00</u>
22. Calculate your monthly expenses	
22a. Add lines 4 through 21.	\$ <u>3,054.50</u>
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$ _____
22c. Add line 22a and 22b. The result is your monthly expenses.	\$ <u>3,054.50</u>
23. Calculate your monthly net income.	
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$ <u>2,572.67</u>
23b. Copy your monthly expenses from line 22c above.	23b. -\$ <u>3,054.50</u>
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$ <u>-481.83</u>
24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?	
<input checked="" type="checkbox"/> No.	
<input type="checkbox"/> Yes. Explain here: _____	

Fill in this information to identify your case:

Debtor 1 Kaylee N. Houser
First Name Middle Name Last Name

Debtor 2
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: MIDDLE DISTRICT OF PENNSYLVANIA

Case number _____
(if known)

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Kaylee N. Houser
Kaylee N. Houser
Signature of Debtor 1

X _____
Signature of Debtor 2

Date April 30, 2025

Date _____

Fill in this information to identify your case:

Debtor 1 Kaylee N. Houser
First Name Middle Name Last Name

Debtor 2
(Spouse if, filing) _____
First Name Middle Name Last Name

United States Bankruptcy Court for the: MIDDLE DISTRICT OF PENNSYLVANIA

Case number _____
(if known)

☐ Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/25

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- ☐ Married
☒ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☐ No
☒ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:

1730 Fredna Avenue
Williamsport, PA 17701

Dates Debtor 1
lived there
From-To:
04/2022 - 08/2023

Debtor 2 Prior Address:

☐ Same as Debtor 1

Dates Debtor 2
lived there

☐ Same as Debtor 1
From-To:

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)

- ☒ No
☐ Yes. Make sure you fill out *Schedule H: Your Creditors* (Official Form 106H).

Part 2 Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No
☒ Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$4,941.60	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	

	Debtor 1 Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Debtor 2 Sources of income Check all that apply.	Gross income (before deductions and exclusions)
For last calendar year: (January 1 to December 31, 2024)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$28,266.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	
For the calendar year before that: (January 1 to December 31, 2023)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$24,426.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	

5. Did you receive any other income during this year or the two previous calendar years?
Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security; unemployment; and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☒ No
☐ Yes. Fill in the details.

Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Debtor 2 Sources of income Describe below.	Gross income (before deductions and exclusions)

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?
- ☐ No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."
- During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$8,575* or more?
- ☐ No. Go to line 7.
- ☐ Yes. List below each creditor to whom you paid a total of \$8,575* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.
- * Subject to adjustment on 4/01/28 and every 3 years after that for cases filed on or after the date of adjustment.
- ☒ Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts.
- During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?
- ☐ No. Go to line 7.
- ☒ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
Members 1st Federal Credit Union	Regular monthly car payemnt iao \$366.50	\$0.00	\$11,060.00	<input type="checkbox"/> Mortgage <input checked="" type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other____

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?
Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

- ☒ No
☐ Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?
 Include payments on debts guaranteed or cosigned by an insider.

- ☒ No
☐ Yes. List all payments to an insider

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
----------------------------	------------------	-------------------	----------------------	--

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?
 List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☐ No
☒ Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
M&T Bank v. Geno Ginoble and Kaylee Houser CV-2025-00498	Civil - Foreclosure	Court of Common Pleas - Lycoming Co PA	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Complaint filed 04/10/2025

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?
 Check all that apply and fill in the details below.

- ☒ No. Go to line 11.
☐ Yes. Fill in the information below.

Creditor Name and Address	Describe the Property	Date	Value of the property
	Explain what happened		

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- ☒ No
☐ Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
---------------------------	---------------------------------------	-----------------------	--------

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- ☒ No
☐ Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

☒ No☐ Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person

Describe the gifts

Dates you gave the gifts

Value

Person to Whom You Gave the Gift and Address:

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

☒ No☐ Yes. Fill in the details for each gift or contribution.Gifts or contributions to charities that total more than \$600
Charity's Name

Describe what you contributed

Dates you contributed

Value

Address (Number, Street, City, State and ZIP Code)

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

☒ No☐ Yes. Fill in the details.

Describe the property you lost and how the loss occurred

Describe any insurance coverage for the loss

Include the amount that insurance has paid. List pending insurance claims on line 33 of *Schedule A/B: Property*.

Date of your loss

Value of property lost

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

☐ No☒ Yes. Fill in the details.

Person Who Was Paid

Address

Email or website address

Person Who Made the Payment, if Not You

Description and value of any property transferred

Date payment or transfer was made

Amount of payment

Law Office of Lisa A. Rynard
240 Broad Street
Montoursville, PA 17754
larynard@larynardlaw.com

Attorney Fees

03/14/2025

\$2,000.00

Law Office of Lisa A. Rynard
240 Broad Street
Montoursville, PA 17754
larynard@larynardlaw.com

Filing Fees

03/14/2025

\$338.00

Pioneer

Credit Counseling

04/18/2025

\$20.00

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?
Do not include any payment or transfer that you listed on line 16.

- ☒ No
☐ Yes. Fill in the details.

Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
--------------------------------	--	---	----------------------

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?
Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- ☒ No
☐ Yes. Fill in the details.

Person Who Received Transfer Address	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person's relationship to you			

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

- ☒ No
☐ Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made
---------------	---	---------------------------

Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?
Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☐ No
☒ Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
Truist Bank	XXXX-6158	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other ____	Fall 2024	\$0.00

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- ☒ No
☐ Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
---	---	-----------------------	--------------------------

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- ☐ No
☐ Yes. Fill in the details.

Name of Storage Facility
 Address (Number, Street, City, State and ZIP Code)

Who else has or had access
 to it?
 Address (Number, Street, City,
 State and ZIP Code)

Describe the contents

Do you still
 have it?

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- ☐ No
☐ Yes. Fill in the details.

Owner's Name
 Address (Number, Street, City, State and ZIP Code)

Where is the property?
 (Number, Street, City, State and ZIP
 Code)

Describe the property

Value

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- ☐ **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- ☐ **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- ☐ **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- ☐ No
☐ Yes. Fill in the details.

Name of site
 Address (Number, Street, City, State and ZIP Code)

Governmental unit
 Address (Number, Street, City, State and
 ZIP Code)

Environmental law, if you
 know it

Date of notice

25. Have you notified any governmental unit of any release of hazardous material?

- ☐ No
☐ Yes. Fill in the details.

Name of site
 Address (Number, Street, City, State and ZIP Code)

Governmental unit
 Address (Number, Street, City, State and
 ZIP Code)

Environmental law, if you
 know it

Date of notice

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☐ No
☐ Yes. Fill in the details.

Case Title
 Case Number

Court or agency
 Name
 Address (Number, Street, City,
 State and ZIP Code)

Nature of the case

Status of the
 case

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)

- ☐ A partner in a partnership
- ☐ An officer, director, or managing executive of a corporation
- ☐ An owner of at least 5% of the voting or equity securities of a corporation

☒ No. None of the above applies. Go to Part 12.

☐ Yes. Check all that apply above and fill in the details below for each business.

Business Name	Describe the nature of the business	Employer Identification number
Address (Number, Street, City, State and ZIP Code)	Name of accountant or bookkeeper	Do not include Social Security number or ITIN.
		Dates business existed

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

☒ No

☐ Yes. Fill in the details below.

Name	Date Issued
Address (Number, Street, City, State and ZIP Code)	

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Kaylee N. Houser

Kaylee N. Houser
Signature of Debtor 1

Signature of Debtor 2

Date April 30, 2025

Date _____

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

☒ No

☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of Person _____. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1 **Kaylee N. Houser**
First Name Middle Name Last Name

Debtor 2
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **MIDDLE DISTRICT OF PENNSYLVANIA**

Case number
(if known)

☐ Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- ☒ creditors have claims secured by your property, or
- ☒ you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's name: M & T Bank	<input checked="" type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Description of property securing debt: 1730 Fredna Avenue Williamsport, PA 17701 Lycoming County Valued per CMA dated 01/21/2024		
Creditor's name: Members 1st FCU	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input checked="" type="checkbox"/> Retain the property and [explain]: PAY & RETAIN	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Description of property securing debt: 2017 Ford Escape 70,169 miles Valued per KBB		

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Debtor 1 Kaylee N. Houser

Case number (if known) _____

Describe your unexpired personal property leases

Will the lease be assumed?

Lessor's name:
Description of leased
Property:

☐ No

☐ Yes

Lessor's name:
Description of leased
Property:

☐ No

☐ Yes

Lessor's name:
Description of leased
Property:

☐ No

☐ Yes

Lessor's name:
Description of leased
Property:

☐ No

☐ Yes

Lessor's name:
Description of leased
Property:

☐ No

☐ Yes

Lessor's name:
Description of leased
Property:

☐ No

☐ Yes

Lessor's name:
Description of leased
Property:

☐ No

☐ Yes

Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

X /s/ Kaylee N. Houser

Kaylee N. Houser

Signature of Debtor 1

X _____

Signature of Debtor 2

Date April 30, 2025

Date _____

Fill in this information to identify your case:

Debtor 1 Kaylee N. Houser

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: Middle District of Pennsylvania

Case number _____
(if known)

Check one box only as directed in this form and in Form 122A-1Supp:

- ☒ 1. There is no presumption of abuse
- ☐ 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).
- ☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.
- ☐ Check if this is an amended filing

Official Form 122A - 1

Chapter 7 Statement of Your Current Monthly Income

12/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

- ☒ Not married. Fill out Column A, lines 2-11.
- ☐ Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.
- ☐ Married and your spouse is NOT filing with you. You and your spouse are:
- ☐ Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.
- ☐ Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ 1,202.45	\$
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$ 0.00	\$
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$ 740.58	\$
5. Net income from operating a business, profession, or farm		
	Debtor 1	
Gross receipts (before all deductions)	\$ 0.00	
Ordinary and necessary operating expenses	-\$ 0.00	
Net monthly income from a business, profession, or farm	\$ 0.00	Copy here -> \$ 0.00
6. Net income from rental and other real property		
	Debtor 1	
Gross receipts (before all deductions)	\$ 0.00	
Ordinary and necessary operating expenses	-\$ 0.00	
Net monthly income from rental or other real property	\$ 0.00	Copy here -> \$ 0.00
7. Interest, dividends, and royalties	\$ 0.00	\$

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
8. Unemployment compensation	\$ <u>0.00</u>	\$ _____
Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:		
For you _____	\$ <u>0.00</u>	
For your spouse _____	\$ _____	
9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.	\$ <u>0.00</u>	\$ _____
10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.		
<u>Dog Sitting</u>	\$ <u>291.67</u>	\$ _____
<u>Gift Monies</u>	\$ <u>500.00</u>	\$ _____
Total amounts from separate pages, if any.	+ \$ <u>0.00</u>	\$ _____
11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.	\$ <u>2,734.70</u>	+ \$ _____ = \$ <u>2,734.70</u>
		Total current monthly Income

Part 2: Determine Whether the Means Test Applies to You**12. Calculate your current monthly income for the year. Follow these steps:**

12a. Copy your total current monthly income from line 11 _____ Copy line 11 here=>

\$ 2,734.70

Multiply by 12 (the number of months in a year)

x 12

12b. The result is your annual income for this part of the form

12b. \$ 32,816.40**13. Calculate the median family income that applies to you. Follow these steps:**

Fill in the state in which you live.

PA

Fill in the number of people in your household.

3

Fill in the median family income for your state and size of household.

13. \$ 103,856.00

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

14. How do the lines compare?14a. ☒ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.* Go to Part 3. Do NOT fill out or file Official Form 122A-2.14b. ☐ Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.* Go to Part 3 and fill out Form 122A-2.**Part 3: Sign Below**

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ Kaylee N. HouserKaylee N. Houser
Signature of Debtor 1Date April 30, 2025

Debtor 1 **Kaylee N. Houser**

Case number (if known) _____

MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

**United States Bankruptcy Court
Middle District of Pennsylvania**

In re Kaylee N. Houser

Debtor(s)

Case No.

Chapter

7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept.....	\$	<u>2,000.00</u>
Prior to the filing of this statement I have received.....	\$	<u>2,000.00</u>
Balance Due.....	\$	<u>0.00</u>
2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):
3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):
4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.
5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
 - a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
 - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
 - d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
 - e. [Other provisions as needed]

Representation & counseling related to: preparation and filing of bankruptcy petition, all required initial filing documents, and Chapter 7 plan, if applicable; motion(s) to avoid lien on household goods; motion(s) to redeem collateral; review of reaffirmation agreement(s) with secured creditors; review of claims and objection(s) to claims, if applicable.
6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

THIS IS NOT AN EXHAUSTIVE LISTING. Representation & counseling for any additional services, including the following: defense or prosecution of any adversary proceedings brought by or against the Debtor(s), to include determination of dischargeability of claim(s); defending motions for relief from stay, motions to Dismiss case which are filed due to failure to comply, failure to pay plan payments, lack of good faith in filing; defending motion(s) to Dismiss for substantial abuse under Sec. 707(b) and any related discovery production expenses; motion to convert case to another chapter; preparation and filing of amendment(s) to schedules; preparation and filing of any amended Chapter 7 plan(s), which are necessitated as a result of Debtors' actions, failures or mistakes; representation and filing of all documents related to motion(s) to sell, auction or transfer real estate or other asset(s); motion(s) to re-open or reinstate case; motion(s) to reinstate "stay" after relief from stay granted; motion(s) to suspend payments or modify plan post-confirmation; and such other matters which may arise from time to time but are not included in the standard services under the "flat" fee but are necessary for the administration of the bankruptcy case.

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)
(Continuation Sheet)**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

April 30, 2025*Date***/s/ Lisa A. Rynard****Lisa A. Rynard***Signature of Attorney***Law Office of Lisa A. Rynard****240 Broad Street****Montoursville, PA 17754****(570) 505-3289 Fax: (570) 980-9414****larynard@larynardlaw.com***Name of law firm*